

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/592032

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	2	↓	5	↓
TOTAL DEP.	◀	◀	13	◀	12	◀
TOTAL CLAIMS			15		17	

NO.	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓				
TOTAL DEP.	◀	◀				
TOTAL CLAIMS						